

# **EXHIBIT “A”**

**QUESTIONNAIRE FOR LAWYERS REPRESENTING  
W.R. GRACE PERSONAL INJURY CLAIMANTS**

**PART I: IDENTITY OF LAW FIRM AND CLAIMANTS**

**a. LAWYER'S NAME AND FIRM**

1. Name: \_\_\_\_\_
2. Name of Law Firm: \_\_\_\_\_
3. Mailing Address of Firm: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address City State/Province Zip/Postal Code
4. Law Firm's Telephone Number or Lawyer's Direct Line: \_\_\_\_\_
5. Do you share office space with any other law firms or professional entities? ☐ Yes ☐ No *If yes, please identify those other law firms or professional entities:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**b. CLAIMANTS REPRESENTED**

Attach a list of all clients represented by you or your firm who received a Questionnaire in connection with a personal injury asbestos claim against W.R. Grace.

**PART II: FIRM'S RELATIONSHIPS**

**a. IDENTIFICATION OF RELATIONSHIPS**

Does your firm, a member of your firm, or an employee of your firm have a (past or current) direct or indirect financial relationship with any of the following (check all that apply):

- ☐ Other law firms that represent asbestos claimants (if checked, complete Part II(b) for each such relationship).
- ☐ Doctors who diagnose asbestos-related disease (if checked, complete Part II(b) for each such relationship).
- ☐ Doctors or Technicians who perform chest X-rays (if checked, complete Part II(b) for each such relationship).
- ☐ B-readers (if checked, complete Part II(b) for each such relationship).
- ☐ Doctors or Technicians who perform PFT's (if checked, complete Part II(b) for each such relationship).
- ☐ Doctors who interpret PFT results (if checked, complete Part II(b) for each such relationship).
- ☐ Pathologists who diagnose asbestos-related disease (if checked, complete Part II(b) for each such relationship).
- ☐ Screening companies that perform X-rays, B-reads, or PFT's (if checked, complete Part II(b) for each such relationship).

**b. DESCRIPTION OF IDENTIFIED RELATIONSHIP**

Complete the following for each direct or indirect financial relationship your firm currently has or has had in the past with the doctors, lawyers, or entities that fall within the categories identified in Part II(a). Attach an extra copy of Part II(b) for each such relationship.

- (i) Identify the individual or entity with whom your firm has or has had a relationship and that individual or entity's address and telephone number:  
\_\_\_\_\_  
\_\_\_\_\_
- (ii) If an individual is identified in your response to the question above, please provide the name and description of the entity for whom the individual works:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (iii) Who is the person(s) in your firm with the past or current relationship with the individual or entity?  
\_\_\_\_\_
- (iv) What is the nature of the relationship, including, but not limited to: (a) its terms; (b) fees or other compensation; (c) whether the relationship is memorialized in a contract or a writing; and (d) how parties to the relationship provide services to asbestos claimants?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (v) What is the duration of this relationship (months and years)?  
\_\_\_\_\_
- (vi) What other individuals or entities are involved or were involved in this relationship?  
\_\_\_\_\_  
\_\_\_\_\_
- (vii) Who is the person(s) at your law firm who is most knowledgeable about the financial component of the relationship?  
\_\_\_\_\_
- (viii) Identify and produce all documents describing the relationship:  
\_\_\_\_\_  
\_\_\_\_\_

**PART III: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE**

The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your client's claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate, and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_